

VT Diabetes Assessment

Name _____

Date _____

Your medical records show you may have diabetes. Is this a condition you have? *

Yes

No

When were you diagnosed with diabetes? *

0-6 months ago

6-12 months ago

> 12 months ago

I'm going to ask you questions about how you've been feeling lately. Have you had any new or worsening of these symptoms in the past 4 weeks?

- Being thirsty more than usual (high blood sugar)
- Going to the bathroom more than usual to urinate (high blood sugar)
- Fruity breath (DKA)
- Nausea and vomiting (DKA)
- Breathing fast (DKA)
- Sweating without exercise or heat (Low blood sugar)
- Shakiness/nervousness (Low blood sugar)
- Light headedness/dizziness/weakness (Low blood sugar)
- Pain/numbness (neuropathy/PVD)
- Cracks or wounds on your feet (neuropathy/PVD)
- Leg pain when walking or at rest/change in color or temperature (PVD)
- Pain or uncomfortable feeling in your chest, left shoulder, back or jaw (CVD)
- I have had no new or worsening symptoms in the past 4 weeks.

Is member currently taking American Diabetes Association (ADA) guideline recommended medications? *

ACE Inhibitor

ASA

ARB

Statin

None

I am going to ask you a few questions about your habits of taking your medications [Assess adherence]

How often do you miss a dose? *

Never or 1 time a week

More than 1 dose a week

Why do you miss taking your medications? *

Doctor's instructions

Forget to fill

Forget to take

Complexity - too many medications at different times

Ran out of medication

Unable to Pay

Transportation
Side effects/allergic reaction
It doesn't work
Difficulty taking/swallowing

Do you have a refill for your prescription? *

Yes
No

Date of next refill is _____

Do you have a glucometer?

Yes
No

Does it work?

Yes
No

Do you have supplies for your glucometer?

Yes
No

What have your usual blood sugar readings been in the past 4 weeks? [Average= 70-180 non-fasting; 70-130 fasting]

- Very High - above 300
- High - greater than 180-300 non-fasting/greater than 130-300 fasting
- Normal - 70-180 non-fasting/greater than 130-300 fasting
- Low - less than 70 Not checking

Member's fasting blood sugar is _____

Member's non-fasting blood sugar is _____

Have you had a HbA1c test done in the last 6 months? *

Yes
No
Does not know or does not remember

Member had an HbA1c done on _____

What was your latest HbA1c level (reading)? *

HbA1C 6=126mg/dl
HbA1C 7=154mg/dl
HbA1c 8=183mg/dl
HbA1C 9=212mg/d
IHbA1C 10=240mg/dl
HbA1C 11=269mg/dl
HbA1C greater than 11
Other level
Don't know/remember

List HbA1C level _____

Have you had your cholesterol tested in the last 12 months? *

Yes

No

Don't know/remember

Member's cholesterol test was done on _____

What was your bad cholesterol level (LDL)?

>100

<100

Don't know/remember

Has your provider talked to you about taking a type of medicine, called a statin, that is used to bring down your bad cholesterol?

Yes_____

No_____

What is your most recent blood pressure?

>130/80

<130/80

Don't know/remember

Has your provider talked to you about ways to lower your blood pressure?

Yes_____

No_____

Have you had a dilated retinal eye exam in the past year *

Yes

No

Have you had a monofilament foot exam in the past year? *

Yes

No

Not sure

Have you been screened for proteinuria in the past year? *

Yes

No

Not Sure

Do you have a written diabetes action plan? *

Yes

No